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TRANSMITTAL FORM

FEE FORM

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

AMENDMENT IN RESPONSE TO OFFICE ACTION

TOTAL NUMBER OF PAGES SUBMITTED INCLUDING COVER PAGE: 13

SERIAL NUMBER: 10/698,897

FILED: OCTOBER 31, 2003

INVENTOR: WINDSOR W. HSU ET AL.

DOCKET NUMBER: ARC920030068US1

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PTO/S&B/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/698,897	
	Filing Date	10/31/2003	
	First Named Inventor	Windsor W. Hsu et al.	
	Group Art Unit	2188	
	Examiner Name	Patrick M. Moore	
Total Number of Pages in This Submission	13	Attorney Docket Number	ARC920030068US1

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply Response to Office Action of 12/29/2005 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Authorization to act in a rep. capacity
Remarks		

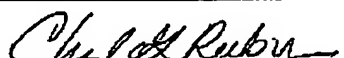
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Firm or Individual name	Edmund H. Mizumoto	Reg. # 46,938
Signature		
Date	3/29/06	

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MAR 29 2006

PTO/SB/17 (12-04/2)

Approved for use through 07/31/2005. OMB 0651-0032

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Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/698,897
Filing Date	October 31, 2003
First Named Inventor	Windsor W. Hsu et al.
Examiner Name	Patrick M. Moore
Art Unit	2188
Attorney Docket No.	ARC920030068US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 09-0441 Deposit Account Name: International Business Machines

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	200.00	=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	Edmund H. Mizumoto	Registration No. (Attorney/Agent)	46,938	Telephone	408-927-3380
Name (Print/Type)	[Signature]			Date	March 29, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 29 2006

ATTORNEY DOCKET NO. ARC920030068US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : March 29, 2006
Windsor W. Hsu et al. : Group Art Unit: 2188
Serial No.: 10/698,897 : Examiner: Patrick M. Moore
Filed: October 31, 2003 : San Jose, California

Title: **SYSTEM AND METHOD FOR PROVIDING A COST-ADAPTIVE CACHE**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore the practitioner is authorized to file correspondence in the above identified application pursuant to 37 CFR 1.34:

Name
Edmund H. Mizumoto

Registration Number
46,938

Signature of Practitioner of RecordSignature: Marc D. McSwainDate: 29 MAR 2006Name: Marc D. McSwainRegistration No. 44,929Telephone: 408-927-3364CERTIFICATE OF MAILING

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Signed: Cheryl G. Ruby
Cheryl G. Ruby